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and

CORRESPONDENCE ADDRESS
INDICATION FORM

Base Note of the Process of the

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I hereby revoke all previous powers of attorney given in the above-identified application.					
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Practitioner(s) named below:					
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Tradsmark Office connected therewith.					
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lam the:		Einei			
Applicant/inventor.					
Assignee of record of the entire interest. See 37 OFR 9.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SUDNATURE of Applicant or Assignee of Record					
Signature	TOMPHOS.		Date	March 21, 2007	
Name Michael Pocock			Telephone	519-439-6100	
Title and Company					
NOTE: Signatures of all the inventors or sesignates of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below?					
"Total of 1 forms are submitted.					

This collection of information is required by 37 GFR (a) y. 22 and 1.33. The information is required to you for public belots to this are to the public belot to the first or the public belot to the first of the first of